


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03-APR-14 PM 2:27
OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000014524**
1. Corporation Name
UNIVERSAL MOTOR CORPORATION

2. Principal Office Address
4201 N. STATE RD. 7

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
HOLLYWOOD FL

City & State

Zip **33021** Country **USA**

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **1993**

5. FEI Number
65-0384833

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
MICHAEL MARK

Street Address (P.O. Box Number is Not Acceptable)
4201 N. STATE RD. 7

Suite, Apt. #, Etc.

City
HOLLYWOOD

State
FL

Zip Code
33021

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent **X Michael Mark**
REGISTERED AGENT MUST SIGN

Date **4-10-03**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRESIDENT	MICHAEL MARK	3340 NW 97th WAY SUNRISE FL 33351	SUNRISE, FL 33351

93-2003178

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-03 954-9858190

Date Daytime Phone #

CR25081 (10/02)

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**Universal Motor Corporation
4201 N. State Road 7
Hollywood, FL 33021
(954) 985-8190**

April 10, 2003

Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Via: FEDEX

Attn: Tyrone Scott

Dear Mr. Scott:

As per our conversation of yesterday, enclosed is our check for \$1,865 and a completed reinstatement form. As I explained to you, we have never received a Uniform Business Report form. My husband and another gentleman started this business in 1993 and my husband left all the paper work in his hands. I am recently widowed and have taken over operating this business upon the death of my husband. This business is the sole source of my income and our operating license expires at the end of this month. I appreciate your help and understanding in getting this resolved. As I stated before, we have never received a Uniform Business Report form.

Sincerely,



Michelle Maik